

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

Civil Case No. 3:14-cv-01173-PK

Lee Walters, MD, et al.

Plaintiff(s),

v.

Vitamin Shoppe, Inc., et al.

Defendant(s).

APPLICATION FOR SPECIAL
ADMISSION – *PRO HAC VICE*

Attorney Micol O. Sordina requests special admission *pro hac vice* in
the above-captioned case.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the
requirements of LR 83-3, and certify that the following information is correct:

(1) PERSONAL DATA:

Name: Sordina Micol O.
(Last Name) (First Name) (MI) (Suffix)
Firm or Business Affiliation: Venable LLP
Mailing Address: 2049 Century Park East, Suite 2100
City: Los Angeles State: CA Zip: 90067
Phone Number: (310) 229-9900 Fax Number: (310) 229-9901
Business E-mail Address: MOSordina@Venable.com

(2) BAR ADMISSIONS INFORMATION:

- (a) State bar admission(s), date(s) of admission, and bar ID number(s):
California SB #245659, admitted 12/3/2006

- (b) Other federal court admission(s), date(s) of admission, and bar ID number(s):
USDC, Central District of California; USDC, Southern District
of California; USDC, Southern District of New York

(3) CERTIFICATION OF DISCIPLINARY ACTIONS:

- (a) ☒ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or
- (b) ☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:

I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including any appeal proceedings.

(5) REPRESENTATION STATEMENT:

I am representing the following party(s) in this case:

Vitamin Shoppe, Inc. and VS Direct, Inc. dba The Vitamin Shoppe

(6) CM/ECF REGISTRATION:

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at ord.uscourts.gov), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 26 day of August, 2014



(Signature of Pro-Hac Counsel)

Micol O. Sordina

(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 26th day of August, 2014



(Signature of Local Counsel)

Name: Colton Chad M.
(Last Name) (First Name) (MI) (Suffix)

Oregon State Bar Number: 065774

Firm or Business Affiliation: Markowitz, Herbold, Glade & Mehlhaf, PC

Mailing Address: 1211 SW Fifth Avenue, Suite 3000

City: Portland State: OR Zip: 97204

Phone Number: (503) 295-3085 Business E-mail Address: ChadColton@MHGM.com

COURT ACTION

- ☐ Application approved subject to payment of fees.
☐ Application denied.

DATED this _____ day of _____, _____

Judge